

Fill in this information to identify your case:

Debtor 1 Louisa F. Correa
First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number 19-31542
 (if known)

☒ Check if this is an amended filing

B 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		Unsecured claim	
1	AFS/AmeriFinancial Solutions, LLC. Attn: President / Vice President / C.E.O / Responsible Agent Po Box 65018 Baltimore, MD 21264	What is the nature of the claim? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply	Collection Attorney Valley Emergency Room Assoc Pa \$ \$118.00
	Contact _____ Contact phone _____	Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	

2	American Express Travel Related Services Company, Inc. PO Box 53773 Phoenix, AZ 85072	What is the nature of the claim? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply	Credit card purchases \$ \$27,371.44
	Contact _____	Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____	

Debtor 1 Louisa F. Correa Case number (if known) 19-31542

Contact phone

☐

Value of security:
Unsecured claim

- \$ _____
\$ _____

3

Amex
Attn: President / Vice President /
C.E.O
/ Responsible Agent /
Bankruptcy
Po Box 981540
El Paso, TX 79998

Contact

Contact phone

What is the nature of the claim?

Credit Card

\$ \$43,419.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

4

Aronsohn Weiner & Slerno
263 Main Street
Hackensack, NJ 07601

Contact

Contact phone

What is the nature of the claim?

Contract

\$ \$4,753.98

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

5

Capital One/Neiman
Marcus/Bergdorf Goodm
Attn: President / Vice President /
C.E.O
/ Responsible Agent /
Bankruptcy Dept
Po Box 30285
Salt Lake City, UT 84130

Contact

Contact phone

What is the nature of the claim?

Charge Account

\$ \$6,689.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

6

Citibank/The Home Depot
Attn: President / Vice President /
C.E.O
/ Responsible Agent /
Bankruptcy

What is the nature of the claim?

Charge Account

\$ \$84.00

Debtor 1 Louisa F. Correa Case number (if known) 19-31542

**Po Box 790034
St Louis, MO 63179**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Contact

Contact phone

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

7

**Dsnb Bloomingdales
Attn: President / Vice President /
C.E.O
/ Responsible Agent /
Bankruptcy
Po Box 9111
Mason, OH 45040**

What is the nature of the claim? Charge Account \$ \$0.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Contact

Contact phone

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

8

**Harry Steinmetz
188 East 78th St.
Apt. 24 B
New York, NY 10075**

What is the nature of the claim? 372 Forest Ave \$ \$652,884.07
Paramus, NJ 07652
Bergen County

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Contact

Contact phone

Does the creditor have a lien on your property?

- ☐ No
☒ Yes. Total claim (secured and unsecured) \$ \$652,884.07
Value of security: - \$ \$1,100,000.00
Unsecured claim \$ \$652,884.07

9

**Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101**

What is the nature of the claim? \$ \$48,709.70

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No

Debtor 1 **Louisa F. Correa** Case number (if known) **19-31542**

Contact ☐ Yes. Total claim (secured and unsecured) \$ _____
 Value of security: - \$ _____
 Contact phone Unsecured claim \$ _____

10 What is the nature of the claim? **Tax** \$ **\$20,629.32**

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Contact
 Contact phone

11 What is the nature of the claim? **Educational** \$ **\$50,482.00**

Navient
Attn: President / Vice President /
C.E.O
/ Responsible Agent /
Bankruptcy
Po Box 9640
Wilkes-Barre, PA 18773

As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Contact
 Contact phone

12 What is the nature of the claim? **Educational** \$ **\$21,202.00**

Navient
Attn: President / Vice President /
C.E.O
/ Responsible Agent /
Bankruptcy
Po Box 9640
Wilkes-Barre, PA 18773

As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Contact
 Contact phone

13 What is the nature of the claim? **Educational** \$ **\$19,194.00**

Navient
Attn: President / Vice President /
C.E.O
/ Responsible Agent /
Bankruptcy

Debtor 1 Louisa F. Correa Case number (if known) 19-31542

**Po Box 9640
Wilkes-Barre, PA 18773**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Contact

Contact phone

14

**Ollio Card Services
Attn: President / C.E.O. /
Responsible
Agent
P.O. Box 660371**

What is the nature of the claim? \$ **\$3,842.24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Contact

Contact phone

15

**State of New Jersey
Commissioner
NJ Department of Banking and
Insurance
20 W. State Street
Trenton, NJ 08625**

What is the nature of the claim? \$ **\$65,000.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☒ Yes. Total claim (secured and unsecured) \$ **\$65,000.00**
Value of security: - \$ **\$0.00**
Unsecured claim \$ **\$65,000.00**

Contact

Contact phone

16

**Verizon by American InfoSource
4515 Santa Fe Ave
Oklahoma City, OK 73118**

What is the nature of the claim? **Services** \$ **\$370.48**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) \$ _____
Value of security: - \$ _____

Contact

Contact phone

Unsecured claim

\$ _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Louisa F. Correa
Louisa F. Correa
 Signature of Debtor 1

X _____
Signature of Debtor 2

Date **February 25, 2020**

Date _____

Fill in this information to identify your case:

Debtor 1 **Louisa F. Correa**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number **19-31542**
 (if known)

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	1,114,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	75,222.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	1,189,222.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	1,792,728.86
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	48,709.70
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	198,155.46
Your total liabilities		\$ 2,039,594.02

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	16,558.96
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	15,651.87

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Louisa F. Correa**

Case number (if known) **19-31542**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **6,000.00**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 48,709.70
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 90,878.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 139,587.70

Fill in this information to identify your case:

Debtor 1	Louisa F. Correa		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-31542		

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Bayview Financial Loan
Creditor's Name	
Attn: President / Vice President / C.E.O / Responsible Agent	
4425 Ponce De Leon Blvd. 5th Floor	
Coral Gables, FL 33146	
Number, Street, City, State & Zip Code	

Describe the property that secures the claim:

372 Forest Ave Paramus, NJ 07652 Bergen County

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Column A

Amount of claim
Do not deduct the value of collateral.

\$865,140.75

Column B

Value of collateral that supports this claim

\$1,100,000.00

Column C

Unsecured portion If any

\$0.00

Who owes the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

Opened 03/07 Last

Date debt was incurred **Active 11/19**

Last 4 digits of account number **7575**

Debtor 1 **Louisa F. Correa** Case number (if known) **19-31542**
First Name Middle Name Last Name

<div>2.2</div> <div>Financial Pacific Leasing Inc.</div> <div>Creditor's Name</div> <div>3455 S. 344th Way #300 Federal Way, WA 98001-9546</div> <div>Number, Street, City, State & Zip Code</div>	<div>Describe the property that secures the claim:</div> <div>CS8100/RVG 6200 (Equipment)</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Equipment finance agreement</div>	<div>\$9,344.04</div> <div>\$0.00</div> <div>\$0.00</div>
<div>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</div>		
<div>Date debt was incurred _____ Last 4 digits of account number 7301</div>		

<div>2.3</div> <div>Harry Steinmetz</div> <div>Creditor's Name</div> <div>188 East 78th St. Apt. 24 B New York, NY 10075</div> <div>Number, Street, City, State & Zip Code</div>	<div>Describe the property that secures the claim:</div> <div>372 Forest Ave Paramus, NJ 07652 Bergen County</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</div>	<div>\$652,884.07</div> <div>\$1,100,000.00</div> <div>\$652,884.07</div>
<div>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</div>		
<div>Date debt was incurred 06/19/2017 Last 4 digits of account number 7517</div>		

Debtor 1 **Louisa F. Correa** Case number (if known) **19-31542**

First Name Middle Name Last Name

2.4 Mercedes Benz Financial

Creditor's Name

**Attn: President / Vice
President / C.E.O
/ Responsible Agent
P.o. Box 961
Roanoke, TX 76262**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**2019 Mercedes Benz E450
Automobile Lease**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

\$20,001.00

\$40,900.00

\$0.00

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Opened
5/20/19**

Last Active

Date debt was incurred **11/19**

Last 4 digits of account number **7001**

2.5 Mercedes Benz Financial

Creditor's Name

**Attn: President / Vice
President / C.E.O
/ Responsible Agent
P.o. Box 961
Roanoke, TX 76262**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**2018 Mercedes Benz C300
Automobile Lease**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

\$11,550.00

\$23,265.00

\$0.00

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Opened
8/17/18**

Last Active

Date debt was incurred **11/19**

Last 4 digits of account number **8001**

Debtor 1 **Louisa F. Correa** Case number (if known) **19-31542**
 First Name Middle Name Last Name

2.6	State of New Jersey Commissioner Creditor's Name NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Number, Street, City, State & Zip Code	Describe the property that secures the claim: <div style="border: 1px solid black; height: 30px; width: 100%;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Fine</u>	\$65,000.00	\$0.00	\$65,000.00
-----	--	--	--------------------	---------------	--------------------

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number **2008**

2.7	Wells Fargo Bank Creditor's Name Attn: President / Vice President / C.E.O / Responsible Agent Po Box 10335 Des Moines, IA 50306 Number, Street, City, State & Zip Code	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;"> 372 Forest Ave Paramus, NJ 07652 Bergen County </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Home Equity Loan</u>	\$168,809.00	\$1,100,000.00	\$0.00
-----	---	---	---------------------	-----------------------	---------------

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Opened 02/08 Last Active 9/30/19

Date debt was incurred **9/30/19** Last 4 digits of account number **1998**

Add the dollar value of your entries in Column A on this page. Write that number here:
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

\$1,792,728.86
\$1,792,728.86

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Aldridge Pite, LLP Josephine E. Salmon 4375 Jutland Drive, Suite 200 P.O. Box 17933 San Diego, CA 92177-0933	On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number ____
--------------------------	---	---

Debtor 1 **Louisa F. Correa**

First Name

Middle Name

Last Name

Case number (if known)

19-31542

☐

Name, Number, Street, City, State & Zip Code

**Aldridge Pite, LLP
Gilbert R. Yabes
4375 Jutland Drive, Suite 200
P.O. Box 17933
San Diego, CA 92177-0933**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**BK Servicing, LLC
Ed Gezel - Agent
P.O. Box 131265
Roseville, MN 55113**

On which line in Part 1 did you enter the creditor? **2.4**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**BK Servicing, LLC
Ed Gezel - Agent
P.O. Box 131265
Roseville, MN 55113**

On which line in Part 1 did you enter the creditor? **2.5**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**Daimler Trust
c/o BK Servicing, LLC
Attn: President/ Vice President / C.E.O
P.O. Box 131265
Roseville, MN 55113**

On which line in Part 1 did you enter the creditor? **2.4**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**Daimler Trust
c/o BK Servicing, LLC
Attn: President/ Vice President / C.E.O
P.O. Box 131265
Roseville, MN 55113**

On which line in Part 1 did you enter the creditor? **2.5**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**Duane Morris LLP
Steven T. Knipfelberg
One Riverfront Plaza
1037 Raymond Blvd.
Newark, NJ 07102**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**John C Grady, D.A.G.
Richard J Hughes Justice Complex
25 Market Street
P.O. Box 083
Trenton, NJ 08625**

On which line in Part 1 did you enter the creditor? **2.6**

Last 4 digits of account number **2008**

☐

Name, Number, Street, City, State & Zip Code

**Wells Fargo Bank, N.A.
Default Document Processing
Judi M. Upchurch-V.P. Loan Documentation
1000 Blue Gentian Road N9286-01Y
Eagan, MN 55121-7700**

On which line in Part 1 did you enter the creditor? **2.7**

Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1	Louisa F. Correa		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-31542		

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101 Number Street City State Zip Code	Last 4 digits of account number	\$48,709.70	\$48,709.70
	When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Louisa F. Correa**

Case number (if known) **19-31542**

2.2	State of New Jersey Division of Taxation Priority Creditor's Name Compliance & Enforcement - Compliance 50 Barrack Street, 9th Floor Trenton, NJ 08695 Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00	\$0.00	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	AFS/AmeriFinancial Solutions, LLC. Nonpriority Creditor's Name Attn: President / Vice President / C.E.O / Responsible Agent Po Box 65018 Baltimore, MD 21264 Number Street City State Zip Code	Last 4 digits of account number 9775	Total claim \$118.00		
	When was the debt incurred? Opened 07/15 Last Active 02/15	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Valley Emergency Room Assoc Pa			
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 **Louisa F. Correa**

Case number (if known)

19-31542

4.2

American Express

Nonpriority Creditor's Name

Travel Related Services Company, Inc.

PO Box 53773

Phoenix, AZ 85072

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2003**

\$27,371.44

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.3

Amex

Nonpriority Creditor's Name

Attn: President / Vice President / C.E.O

/ Responsible Agent / Bankruptcy

Po Box 981540

El Paso, TX 79998

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8233**

\$43,419.00

When was the debt incurred? **Opened 02/89 Last Active 11/08/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.4

Aronsohn Weiner & Slerno

Nonpriority Creditor's Name

263 Main Street

Hackensack, NJ 07601

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$4,753.98

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Contract**

Debtor 1 **Louisa F. Correa**

Case number (if known)

19-31542

4.5

**Capital One/Neiman
Marcus/Bergdorf Goodm**

Nonpriority Creditor's Name

**Attn: President / Vice President /
C.E.O**

**/ Responsible Agent / Bankruptcy
Dept**

Po Box 30285

Salt Lake City, UT 84130

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community
debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3697**

\$6,689.00

**Opened 09/18 Last Active
11/07/19**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

4.6

Citibank/The Home Depot

Nonpriority Creditor's Name

**Attn: President / Vice President /
C.E.O**

/ Responsible Agent / Bankruptcy

Po Box 790034

St Louis, MO 63179

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community
debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0017**

\$84.00

**Opened 06/18 Last Active
11/19**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

Debtor 1 **Louisa F. Correa**

Case number (if known) **19-31542**

4.7

Dsnb Bloomingdales

Nonpriority Creditor's Name

**Attn: President / Vice President /
C.E.O
/ Responsible Agent / Bankruptcy
Po Box 9111
Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3631**

Unknown

When was the debt incurred? **Opened 09/09 Last Active 12/22/09**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

4.8

Internal Revenue Service

Nonpriority Creditor's Name

**PO Box 7346
Philadelphia, PA 19101**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$20,629.32

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tax**

4.9

Navient

Nonpriority Creditor's Name

**Attn: President / Vice President /
C.E.O
/ Responsible Agent / Bankruptcy
Po Box 9640
Wilkes-Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0114**

\$50,482.00

When was the debt incurred? **Opened 01/13 Last Active 10/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Educational

Debtor 1 **Louisa F. Correa**

Case number (if known) **19-31542**

4.1
0

Navient

Nonpriority Creditor's Name

**Attn: President / Vice President /
C.E.O
/ Responsible Agent / Bankruptcy
Po Box 9640
Wilkes-Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0408**

\$21,202.00

**Opened 04/14 Last Active
10/19**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Educational

4.1
1

Navient

Nonpriority Creditor's Name

**Attn: President / Vice President /
C.E.O
/ Responsible Agent / Bankruptcy
Po Box 9640
Wilkes-Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1101**

\$19,194.00

**Opened 11/13 Last Active
10/19**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Educational

Debtor 1 **Louisa F. Correa**

Case number (if known)

19-315424.1
2**Olio Card Services**Last 4 digits of account number **8779****\$3,842.24**

Nonpriority Creditor's Name

**Attn: President / C.E.O. /
Responsible
Agent****P.O. Box 660371**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **12/18/2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.1
3**Verizon by American InfoSource**

Last 4 digits of account number _____

\$370.48

Nonpriority Creditor's Name

**4515 Santa Fe Ave
Oklahoma City, OK 73118**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Services****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Fair Square Financial Services LLC
Attn: President / C.E.O. /
Responsible
Agent
1000 N. West Street
Wilmington, DE 19801

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Internal Revenue Service
Francine Milano - Bankruptcy
Specialist
51 Haddonfield Road
Suite 300
Asbury, NJ 08802

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 **Louisa F. Correa**

Case number (if known)

19-31542

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	48,709.70
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	48,709.70
Total claims from Part 2	6f. Student loans	6f.	\$	90,878.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	107,277.46
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	198,155.46

Fill in this information to identify your case:

Debtor 1 Louisa F. Correa
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number 19-31542
(if known)

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Louisa F. Correa
Louisa F. Correa
Signature of Debtor 1

Date February 25, 2020

X _____
Signature of Debtor 2

Date _____